NOTICE TO RECIPIENTS OF AID TO FAMILIES WITH DEPENDENT CHILDREN [AFDC]; NOTICE OF FUNDS EXEMPT FROM GARNISHMENT UNDER LAW

IN THE DISTRICT COURT OF THE THIRD CIRCUIT
_____ **DIVISION**
STATE OF HAWAI'I

Plaintiff(s)

Defendant(s)

Reserved for Court Use

Civil No.

Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)

NOTICE TO RECIPIENTS OF AID TO FAMILIES WITH DEPENDENT CHILDREN [AFDC]

A judgment has been entered against you which says that you owe $ _____
to _____ (Judgment Creditor(s)).
Because of that judgment, this Court has ordered _____
_____ (Garnishee)
to pay money from your checking/savings account(s) to Judgment Creditor(s). But, if any money in this account(s) are payments from the Welfare Department under the Aid to Families with Dependent Children [AFDC] Program, you can have this Order cancelled or changed. Your creditors cannot take any money you received under the AFDC Program.

If the money in your checking/savings account(s) with Garnishee named above was received by you under the AFDC Program, contact the Legal Aid Society of Hawai'i immediately. The Legal Aid Society will help you to keep your AFDC money and will arrange for a court hearing to give you a chance to tell the Judge that you received the money under the AFDC Program.

Contact the nearest Legal Aid Society office listed in your local telephone book or call the Legal Aid Society, Hilo Office for assistance.

NOTICE OF FUNDS EXEMPT FROM GARNISHMENT UNDER LAW

Your creditors cannot garnish funds you receive as unemployment or workers' compensation benefits or social security payments or pension and retirement plans. If the money in your checking/savings account(s) with Garnishee named above is from any of these sources, you can stop garnishment of the funds in your account(s). You should contact your own attorney to advise and/or represent you or you can contact Judgment Creditor(s) to find out when this matter is set for a court hearing so that you can appear at that hearing to explain to the Judge that some or all of the funds in your checking/savings account(s) are exempt from garnishment.

Signature of Filing Party(ies)/Filing Party(ies)' Attorney:

Date:

Print/Type Name:

In accordance with the Americans with Disabilities Act if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 961-7470, FAX 961-7447, OR TTY 961-7525 at least ten (10) working days in advance of your hearing or appointment date.